



**PRO RATA TOBACCO SETTLEMENT DISTRIBUTION  
COUNTY EXPENDITURE STATEMENT – 2009**  
[www.dshs.state.tx.us/tobaccosettlement](http://www.dshs.state.tx.us/tobaccosettlement)

**Name of County:** \_\_\_\_\_

Provide the **calendar year 2008 unreimbursed health care expenditures** for your county within the categories designated below. The Agreement Regarding Disposition of Settlement Proceeds states that these expenditures shall be calculated as follows:

"The total annual unreimbursed health care expenditures for a county not wholly located within a hospital district are defined as all unreimbursed amounts, including unreimbursed jail health care, expended by such county for health care services to the general public during that year plus 15% of the total."

Allowable Expenditure Categories

A. County indigent health care services: \$ \_\_\_\_\_

B. <sup>1</sup>Unreimbursed jail health care: \$ \_\_\_\_\_

C. <sup>2</sup>Additional unreimbursed personal health care services provided to the general public: \$ \_\_\_\_\_  
(The total in this category must match the total indicated on the Attachment, page 4 of 4.)

D. <sup>3</sup>Other allowable expenditures: \$ \_\_\_\_\_  
(This category should **ONLY** be completed if the *Non-Hospital District Public Hospital Expenditure Statement* regarding the sale or lease of a public health care facility applies to you. If applicable, insert the total from page 2 of the foregoing form in this category.)

**Total allowable expenditures:** \$ \_\_\_\_\_  
**(Expenditure Categories A+B+C+D)**

**X 1.15 =** \$ \_\_\_\_\_  
**(Amount claimed by county for  
pro rata distribution in 2009)**

**Pro Rata Tobacco Settlement Distribution  
County Expenditure Statement – 2009**

<sup>1</sup>Unreimbursed jail health care expenditures may be calculated using either of the following two methods. The total may include unreimbursed health care expenditures for juveniles held under Court commitment at county expense. Indirect costs must be excluded from the calculation.

(1) determine the total expenditures based on itemized health care expenses for prisoners over the entire year, subtracting any reimbursement received from entities outside your political subdivision to cover health care expenses for individual prisoners; or

(2) determine the total expenditures based on itemized health care expenses for the entire year and apply the following formula:

$$\text{Total Prisoner Health Care} \times \frac{\text{Unreimbursed Jail Population}}{\text{Total Jail Population}} = \text{Unreimbursed Health Care Expenses}$$

*Attach a worksheet indicating which of the above methods you used to calculate unreimbursed jail health care expenditures, as well as the base numbers for your calculation.*

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<sup>2</sup>Expenditures in Category C must be for services such as a hospital district may provide. These are typically diagnostic and treatment services for individuals. Health care education, outreach, screening, laboratory services, counseling, and case management may be counted. Environmental services, such as mosquito control, water testing, and septic tank inspection may not be counted. Expenditures for population-based services not involving direct contact with an individual health care recipient, such as restaurant inspection, must also be excluded.

Complete the Attachment (page 4 of 4 of this expenditure statement), indicating the base numbers for your calculation of Category C expenditures.

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<sup>3</sup>Note the following additional provision in the tobacco settlement agreement, Section 5.B(4):

"To the extent not already included, a political subdivision shall be eligible to include expenditures from the political subdivision reserve funds and other expenditures, to the extent they are verifiable, which are attributable to proceeds from the sale or lease of public health care facilities. To the extent that proceeds from the **sale or lease of public health care facilities** are represented by contractually obligated health care services for indigent residents of the political subdivision performed by the purchaser or lessee, such services shall be valued as if they had been reimbursed at Medicaid rates."

*If the above provision is applicable to your political subdivision, complete and attach the included form **Non-Hospital District Public Hospital Expenditure Statement** indicating the base numbers for your calculation of Category D expenditures.*

**Pro Rata Tobacco Settlement Distribution  
County Expenditure Statement – 2009**

The deadline for submission of this form to the Department of State Health Services is **March 31, 2009**. The target date for payment by the Comptroller of Public Accounts to the political subdivisions, based on this information, is no later than April 30, 2009.

The information submitted on this form is subject to audit by the State of Texas. If ineligible expenditures are identified through an audit following payment to a political subdivision, the ineligible amount may be deducted from the subsequent year's payment to that political subdivision.

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**This is to certify that the above expenditures are eligible for pro rata payment in accordance with the Agreement Regarding Disposition of Settlement Proceeds between the State of Texas and American Tobacco Company, et al.**

Name of County: \_\_\_\_\_

Name of Certifying Officer: \_\_\_\_\_

Certifying Officer's Title: \_\_\_\_\_

Certifying Officer's Signature/Date: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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**If you chose to have your completed signed expenditure statement (1) hand delivered or (2) faxed or (3) emailed to DSHS, it must be received no later than 5:00 p.m., March 31, 2009. If you elect to mail (via the U.S. Postal Service) or ship (via a commercial mail service) your completed signed expenditure statement, the postmark must reflect a date no later than midnight, March 31, 2009. STATEMENTS THAT DO NOT INCLUDE A SIGNATURE WILL NOT BE ACCEPTED. Statements are to be addressed to:**

**Department of State Health Services  
Funds Coordination & Management  
Attn: Kim Gold, MC 4501, Rm. T-511  
PO Box 149347  
Austin, Texas 78714-9347**

**You may direct any questions to Ms. Gold at the above address or by telephone, fax, or email as follows:**

**Telephone Number: 512.458.7111, ext. 6646**

**Fax: 512.458.7774**

**Email: [kim.gold@dshs.state.tx.us](mailto:kim.gold@dshs.state.tx.us)**

**DSHS WILL ACKNOWLEDGE IN WRITING THE RECEIPT OF ALL COMPLETED SIGNED EXPENDITURE STATEMENTS.**

## ATTACHMENT – Category C Expenditures

On the appropriate line below, enter the base numbers for your county's unreimbursed **Category C** expenditures during calendar year 2008. **The total amount on this Attachment should be entered in Category C on page 1 of 4 of this expenditure statement.** Any unreimbursed expenditures that you made from a trust fund or reserve account for the provision of health care services may also be included below.

(1) Health care clinic, laboratory, and case management services.	\$
(2) Dental care services	\$
(3) Outreach and prevention efforts related to tobacco use, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature.	\$
(4) Other health care outreach and prevention efforts, including but not limited to media campaigns, education, counseling, and production and distribution of promotional literature. Typical target areas for these efforts include health hazards affecting the general public.	\$
(5) Medical transportation	\$
(6) Behavioral or psychiatric health care services	\$
(7) Capital expenditures for health care services	\$
(8) Overhead costs for a health care facility	\$
(9) Emergency medical services	\$
(10) Medical supplies or equipment used for the provision of health care services to the general public.	\$
(11) Other services provided by the county which are also within the scope of services that hospital districts are authorized by law to provide. These will typically be diagnostic and treatment services. (Describe below)	\$

**TOTAL FOR CATEGORY C**

\$ \_\_\_\_\_